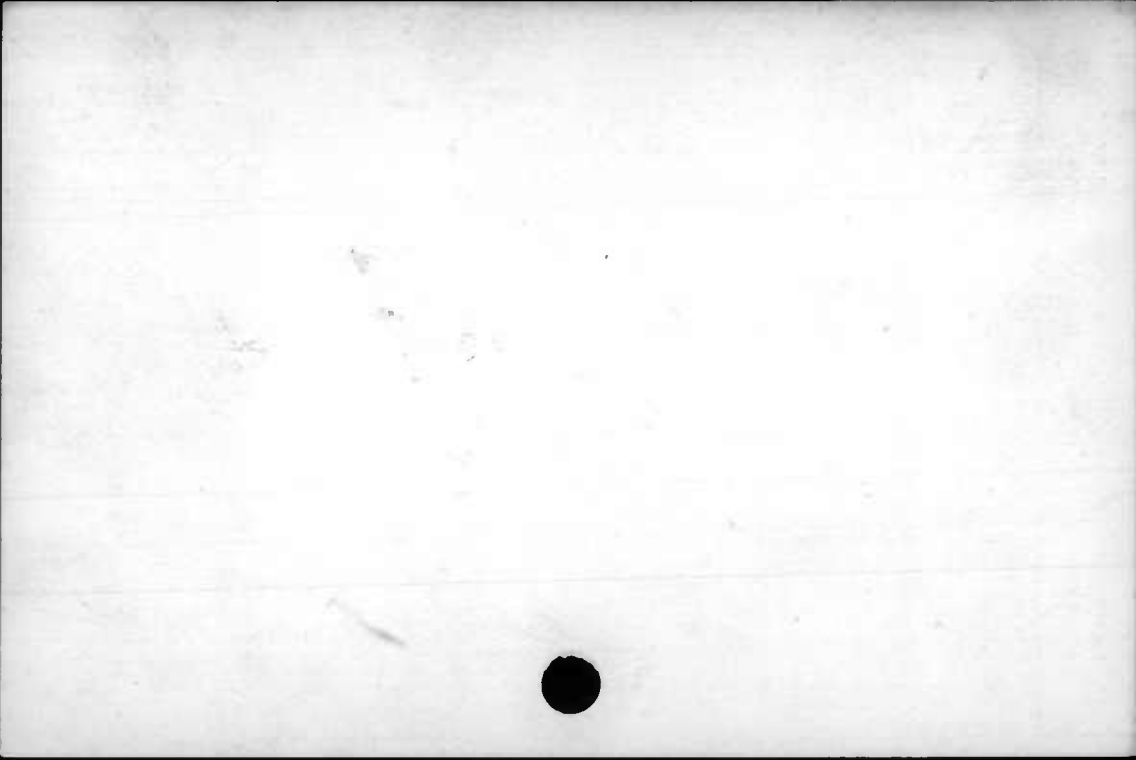


Name in Full		Julia Ann Dick				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County		
		Edesville		Kent		MARYLAND		
		Date of death		1905	Month	Nov	Day	13
		Age		71	Years		Months	
		Sex		Female	Color or Race		Black	Birth-place
Occupation		Housewife		Where Residing if not at place of death				
Married, Single or Widowed		Widowed		Name of Wife or Husband		William H Dick		
Father's Name		Not Known				Father's Birthplace		
Mother's Maiden Name		Charlotte Strubby				Mother's Birthplace		
Name of person giving information		Charlotte Floyd				How related to deceased		
		CAUSES OF DEATH						
PHYSICIAN OR CORONER		Primary		Nephritis		How long		
		Immediate		Uremia		How long		
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		
						Address		
Accident or Suicide?				Rock Hill Ind				



Name  
in  
Full

Rosa Viala Blackburn

## CERTIFICATE OF DEATH

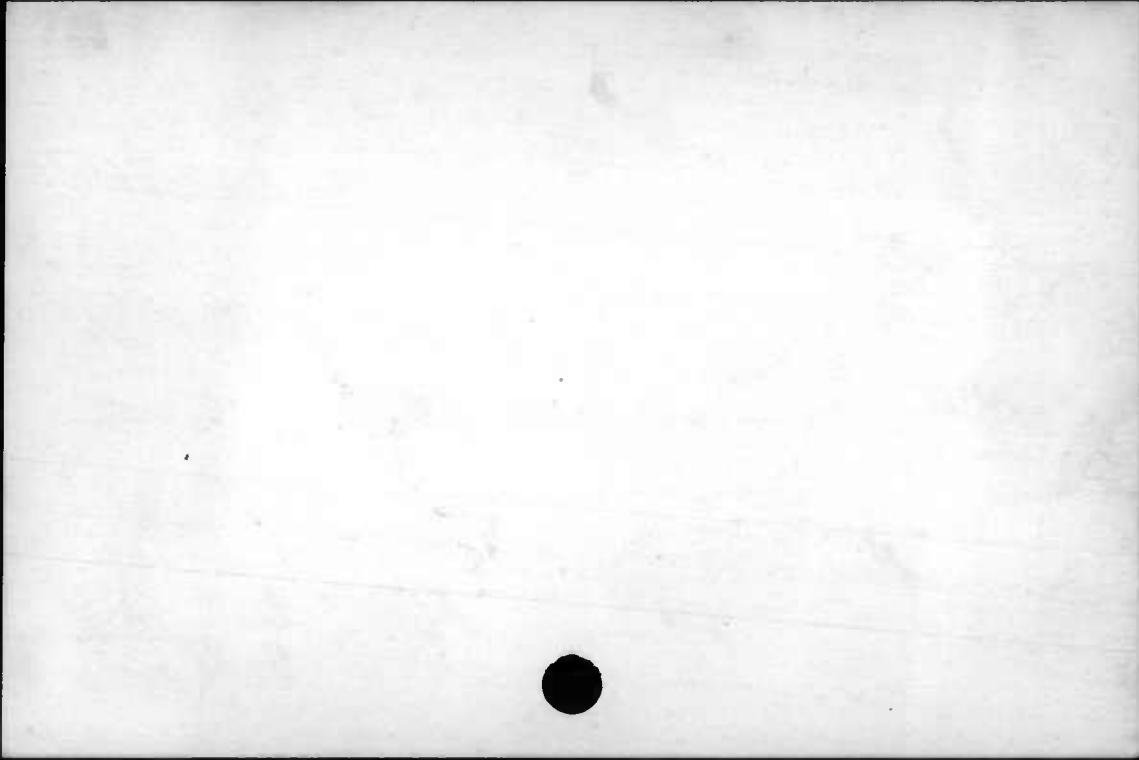
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Pine Neck</i> Town		<i>Kent</i> County		MARYLAND	
Date of death <i>1905-</i>	Month <i>11</i>	Day <i>16</i>	Age	Years <i>One</i>	Months
Sex <i>girl</i>	Color or Race <i>white</i>		Birth-place <i>Pine Neck</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>V. R. Blackburn</i>			Father's Birthplace <i>Calvert Co.</i>		
Mother's Maiden Name <i>Ella Webb</i>			Mother's Birthplace <i>Kent Co.</i>		
Name of person giving information <i>V. R. Blackburn</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Purulent Retinitis of Conjunctiva</i>	How long <i>3 weeks</i>
Immediate <i>Blood Poison</i>	How long <i>48 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>L. B. Oglesby M.D.</i>
	Address <i>Rock Hall Md.</i>
Accident or Suicide?	



Name  
in  
Full

Clarence Blackburn

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> *Pomone Neck Near Rock Hall* <sup>County</sup> *Kent-*

MARYLAND

Date of death *190* <sup>Month</sup> *Nov* <sup>Day</sup> *17* <sup>Years</sup> *4* <sup>Months</sup> *3* <sup>Days</sup>Sex *Male* Color or Race *White* Birth-place *W. Va.*

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's Name *Volander R. Blackburn*Father's Birthplace *W. Va.*Mother's Maiden Name *Ellen Webb*Mother's Birthplace *W. Va.*Name of person giving  
In formation *Volander Blackburn*How related  
deceased *Father*

## CAUSES OF DEATH

Primary *Laryngitis*How long *1 week*Immediate *Asphyxiation*

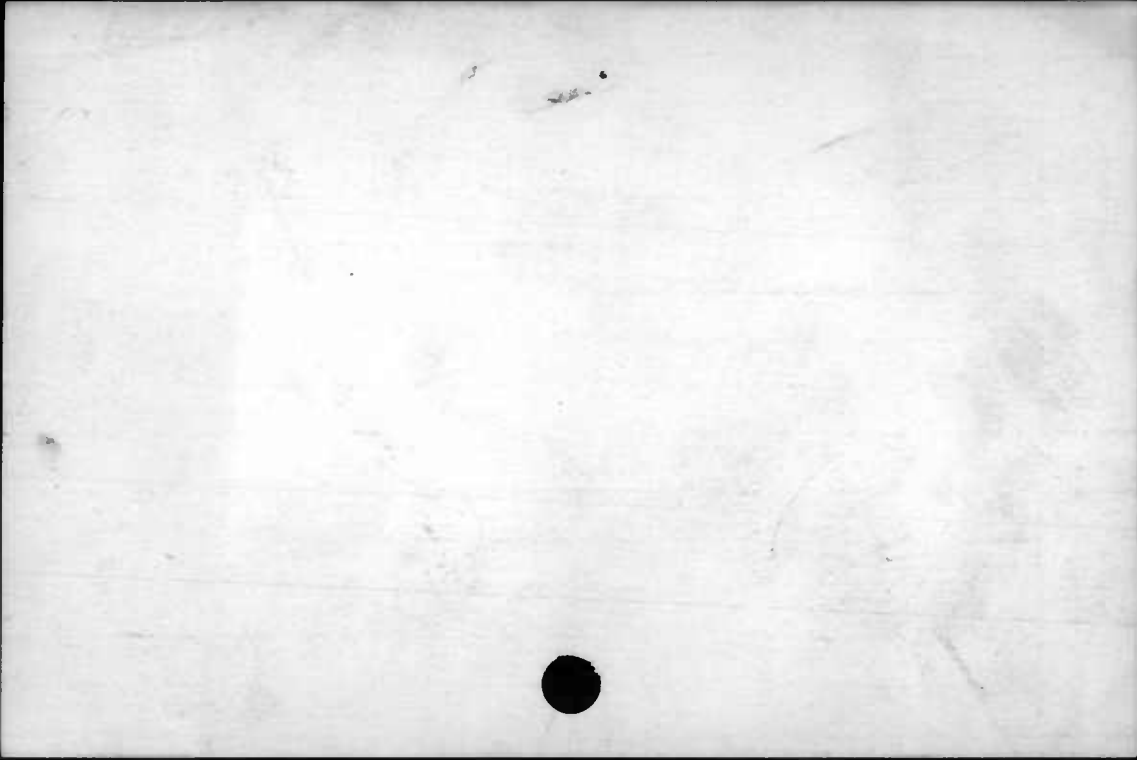
How long

Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician

Address

*S. C. Olesky M.D.*  
*Rock Hall Md.*

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

Hayward Comegys

Town

Melitola

County

Kent

MARYLAND

Died at

Date

of death 1906

Month

Nov

Day

7

Age

Years

Months

7

Days

Sex

Male

Color or  
Race

Col

Birth-  
place

Kent Co Md

Occupation

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

Hayward Comegys

Father's  
Birthplace

Kent Co Md

Mother's  
Maiden Name

Martha Freeman

Mother's  
Birthplace

Kent Co Md

Name of person giving  
In formation

Martha Comegys

How related  
to deceased

Mother

## CAUSES OF DEATH

Primary

How long

Immediate

Indigestion

How long

3 weeks

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

John H. Heesey  
Worton Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

J E Ferguson

March 1st



Name  
in  
Full

Robert Leroy

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Chestertown</i> <sup>Town</sup>		<i>Kens</i> <sup>County</sup>		MARYLAND	
Date of death <i>1905</i>	Month <i>Nov</i>	Day <i>28</i>	Age	Years	Months <i>1</i> Days <i>6</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Chestertown</i>		
Occupation			Where Residing if not at place of death <i>at home</i>		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Jno. E. Egan</i>			Father's Birthplace <i>Shell Pond Md.</i>		
Mother's Maiden Name <i>Ida Fitter</i>			Mother's Birthplace <i>Baltimore</i>		
Name of person giving information <i>Jno. E. Egan</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Meningitis</i>	How long <i>5 days</i>
Immediate <i>Meningitis</i>	How long <i>5 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. Benge Simmons</i>
	Address <i>Chestertown Md.</i>
Accident or Suicide? <i>No</i>	

Steel Pond

Name  
in  
Full

Still Born - Haddaway

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Near Still Pond</u> <u>Kent</u> County		TOWN		MARYLAND	
Date of death <u>1905</u>	Month <u>Nov</u>	Day <u>7</u>	Age <u>      </u>	Years <u>      </u>	Months <u>      </u> Days <u>      </u>
Sex <u>female</u>	Color or Race <u>white</u>		Birth-place <u>      </u>		
Occupation <u>      </u>			Where Residing if not at place of death <u>      </u>		
Married, Single or Widowed <u>      </u>		Name of Wife or Husband <u>      </u>			
Father's Name <u>William Haddaway</u>		Father's Birthplace <u>ind</u>			
Mother's Maiden Name <u>Emma Luise</u>		Mother's Birthplace <u>ind</u>			
Name of person giving information <u>      </u>		How related to deceased <u>      </u>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Still born.</u>	How long <u>S.</u>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician <u>Wm. S. Maxwell.</u>
		Address <u>Still Pond, Md.</u>
Accident or Suicide? <u>      </u>		

Union church

Name in Full		Still Born Baby Harris				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Kentlands Point</u> <sup>Town</sup>		<u>Hunt</u> <sup>County</sup>		MARYLAND	
		Date of death <u>1905</u> <u>Nov</u> <sup>Month</sup>		<u>29</u> <sup>Day</sup>		<u>—</u> <sup>Years</sup>	
		<u>—</u> <sup>Months</sup>		<u>—</u> <sup>Days</sup>			
		Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>md</u>	
		Occupation <u>—</u>		Where Residing if not at place of death <u>—</u>			
		Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
		Father's Name <u>Carson W. Harris</u>		Father's Birthplace <u>md</u>			
Mother's Maiden Name <u>Anna Franklin</u>		Mother's Birthplace <u>md</u>					
Name of person giving information <u>ms Franklin</u>		How related to deceased <u>grandmother</u>					
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary <u>Still birth.</u> <u>G.</u>				How long	
		Immediate				How long	
		Are the name, age, sex, color, date and place correctly given above? <u>yes,</u>				Signature of Physician <u>Wm. S. Maxwell.</u>	
						Address <u>Still Pond. Md.</u>	
		Accident or Suicide?					

Still Pond

Name  
in  
Full

Clarence B Harris

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Snake Creek</i> <sup>Town</sup>		<i>Kent</i> <sup>County</sup>		MARYLAND	
Date of death <i>190</i>	Month <i>Nov</i>	Day <i>23</i>	Age <i>26</i>	Months <i>5</i>	Days <i>15</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Peters Corn</i>		
Occupation <i>Farmer</i>			Where Residing if not at place of death <i>Snake Creek</i>		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Robert Harris</i>			Father's Birthplace		
Mother's Maiden Name <i>Annie Harris</i>			Mother's Birthplace <i>Kent Co</i>		
Name of person giving information <i>Annie Harris</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. L. Dodd</i>
	Address <i>Chestertown Md.</i>
Accident or Suicide?	

Bond Chapfle Cemetery  
John N. Dodd  
Undertaker



Name  
in  
Full

## CERTIFICATE OF DEATH

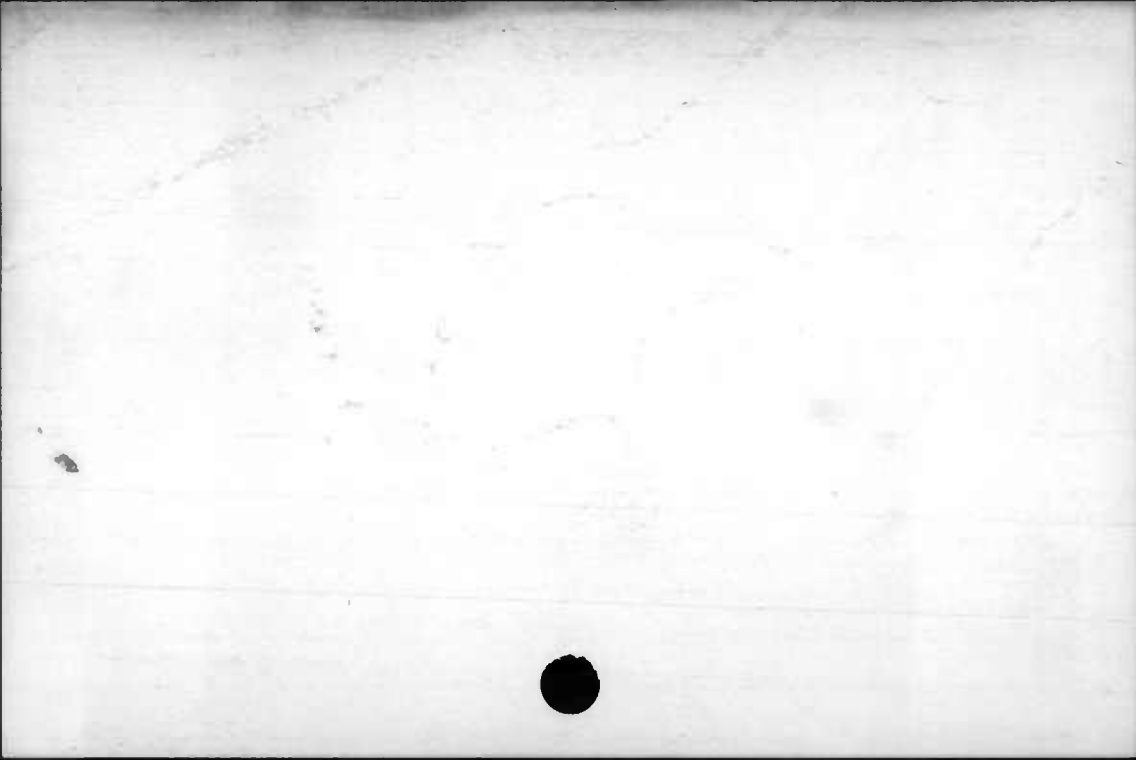
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Chestertown</i> <sup>Town</sup>		<i>Kent</i> <sup>County</sup>		MARYLAND	
Date of death <i>1905</i>	Month <i>Nov.</i>	Day <i>26</i>	Age <i>84</i> <sup>Years</sup>	Months <i>5</i>	Days <i>26</i>
Sex <i>female</i>	Color or Race <i>Colored</i>		Birth-place <i>Queen Anne's</i>		
Occupation <i>Unemployed</i>			Where Residing if not at place of death <i>Chestertown Md.</i>		
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Henry Gardner</i>	Father's Birthplace <i>Do not know</i>				
Mother's Maiden Name <i>Cassiline Tracker</i>	Mother's Birthplace <i>" " "</i>				
Name of person giving information <i>Chas. Dorsey</i>	How related to deceased <i>Son</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Valvular insufficiency</i>	How long <i>6 years, at least</i>
Immediate <i>"</i>	How long <i>" Did very suddenly</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. Bynge Simmons</i>
	Address <i>Chestertown, Md</i>
Accident or Suicide? <i>no</i>	



Name  
in  
Full

Emma Johnson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Chester <sup>County</sup> Hunt **MARYLAND**

Date of death 1905 <sup>Month</sup> Nov. <sup>Day</sup> 11 <sup>Years</sup> Age Months Days 10

Sex Female Color or Race Caucasoid Birth-place Chester

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single  
or Widowed \_\_\_\_\_Name of Wife or  
Husband \_\_\_\_\_Father's  
Name Walter JohnsonFather's  
Birthplace Ind.Mother's  
Maiden Name Susan WilsonMother's  
Birthplace Ind.Name of person giving  
In formation Walter JohnsonHow related  
to deceased Father

## CAUSES OF DEATH

Primary Short Gestation periodHow long 18 days.Immediate InanitionHow long 18 days.Are the name, age, sex, color, date  
and place correctly given above? YesSignature of  
Physician H. L. DossAddress ChesterAccident or Suicide? \_\_\_\_\_PHYSICIAN  
OR CORONER

Cemaly



LA 7 1948

Name  
in  
Full

Edward Lusby

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Near Christertown</i>		<sup>County</sup> <i>Kent</i>		MARYLAND	
Date of death	<i>1905</i>	Month	<i>Nov</i>	Day	<i>13</i>
Age		<i>57</i>	Years	Months	Days
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Md.</i>
Occupation	<i>Farmer</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband <i>Lydia Lusby (Jacobs)</i>			
Father's Name					Father's Birthplace
Mother's Maiden Name					Mother's Birthplace
Name of person giving information				How related to deceased	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Cerebral Haemorrhage</i>	How long	<i>3 years</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>H. L. Duda &amp;</i>
<i>Yes</i>		Address	<i>Christertown</i>
Accident or Suicide?			

Chester Cemetery  
John W. Dodd  
Undertaker

Name  
in  
Full

Mrs. Florence Peace

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Galena</i>		County <i>Kent</i>		MARYLAND	
Date of death		1905	Month <i>Apr</i>	Day <i>28</i>	Age	Years <i>29</i>	Months <i>8</i> Days <i>10</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Kent Co., Md.</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death					
<del>Married</del> Widowed		Name of <del>Wife</del> Husband <i>Frank Peace</i>					
Father's Name <i>Washington Elder</i>		Father's Birthplace <i>Kent Co., Md.</i>					
Mother's Maiden Name <i>Mary E. Rodgers</i>		Mother's Birthplace <i>Kent Co., Md.</i>					
Name of person giving information <i>George Simpler</i>		How related to deceased <i>Step Father</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Tuberculosis</i>	How long	<i>about 5 years</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Edward A. Scott</i>	
		Address <i>Galena, Md.</i>	
Accident or Suicide?			

Still Pond



Name  
in  
Full

Paul Gustav Roehl

## CERTIFICATE OF DEATH

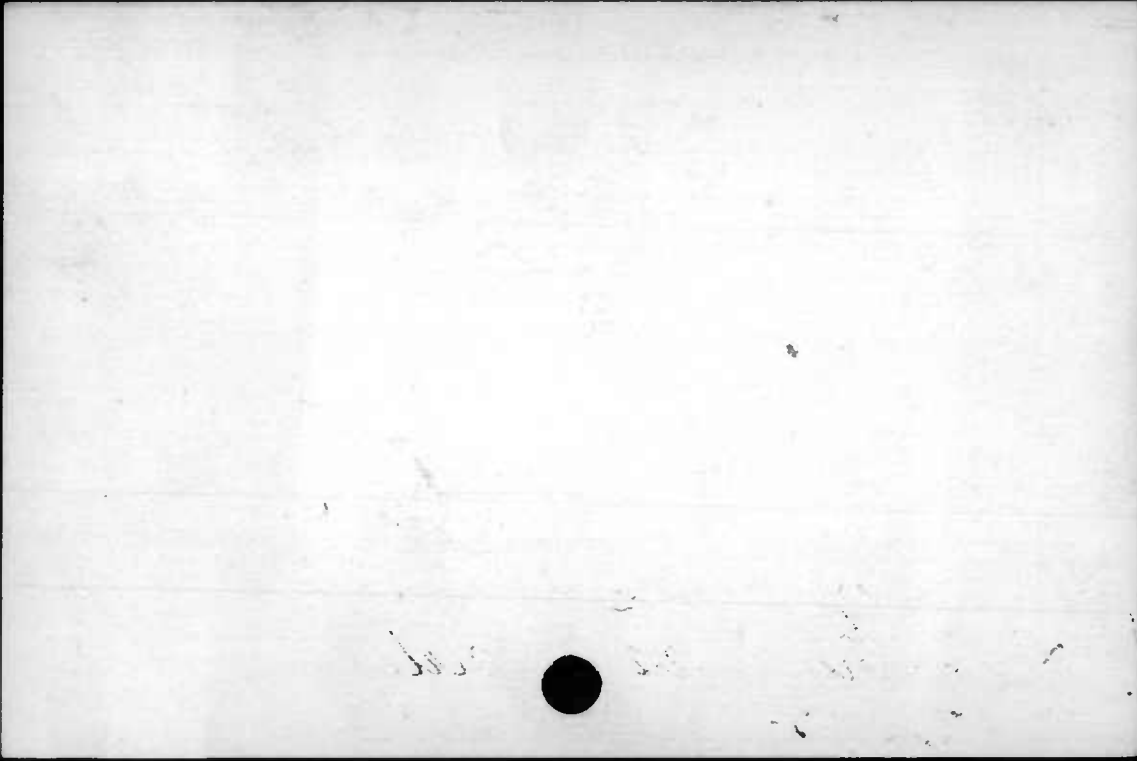
TO BE ANSWERED BY  
NEAREST FRIEND


Died at <i>Rock Hall</i>		Town <i>Rock Hall</i>		County <i>Kent</i>		MARYLAND	
Date of death	<i>1905</i>	Month <i>Nov</i>	Day <i>9</i>	Age	Years <i>12</i>	Months <i>3</i>	Days <i>1</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Kent Co Md</i>				
Occupation			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name <i>Karl Roehl</i>			Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>Agusta Gaushtka</i>			Mother's Birthplace <i>Germany</i>				
Name of person giving information <i>Karl Roehl</i>			How related to deceased <i>Farther</i>				

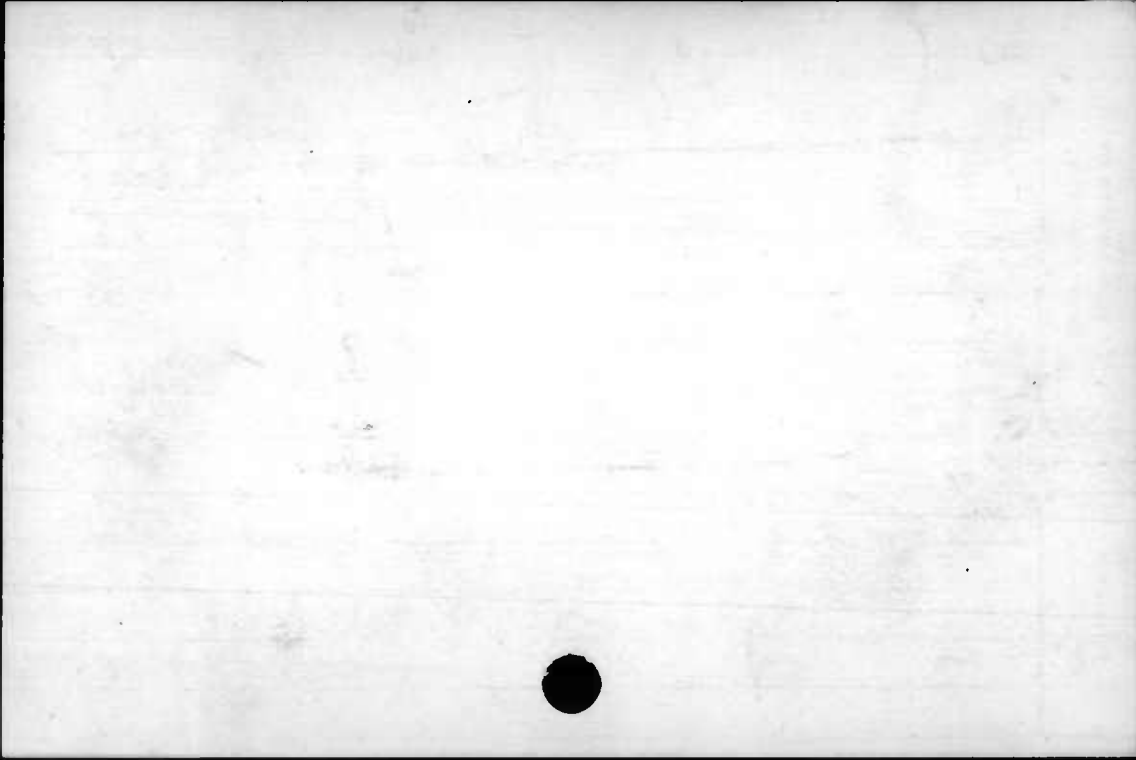
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Laryngitis</i>	How long <i>3 days</i>
Immediate <i>Edema of Glottis</i>	How long <i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. H. Beall M.D.</i>
	Address <i>Rock Hall Md</i>
Accident or Suicide?	



Name in Full		Emule Linsz Saulsbury				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at <sup>Town</sup> <i>New Rock Hall</i>		<sup>County</sup> <i>Kent</i>		MARYLAND			
	Date of death <i>1903</i>	Month <i>Nov</i>	Day <i>13</i>	Age <i>43</i>	Years	Months	Days	
	Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>				
	Occupation				Where Residing if not at place of death			
	Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Bertha Nordhoff</i>						
	Father's Name <i>Alfred A Saulsbury</i>	Father's Birthplace <i>Ind</i>						
	Mother's Maiden Name <i>Lucas Linsz</i>	Mother's Birthplace						
Name of person giving information <i>Bertha Nordhoff</i>		How related to deceased <i>Wife</i>						
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary <i>Paralysis</i>				How long <i>3 years</i>			
	Immediate <i>Nephritis</i>				How long <i>10 weeks</i>			
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Wm. H. Ball M.D.</i>					
			Address <i>Rock Hall Ind</i>					
Accident or Suicide?								



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Ella Sewell

Town

County

MARYLAND

Died at

Harmony

Date

1905

Month

Nov

Day

9

Years

Age 28

Months

Days

Sex

Female

Color or  
Race

Black

Birth-  
place

Kent Md

Occupation

Housewife

Where Residing if not  
at place of death

Harmony

Married, Single  
or Widowed

married

Name of Wife or  
Husband

Henry Sewell

Father's  
Name

Isaac Cunk

Father's  
Birthplace

Md

Mother's  
Maiden Name

Ellen Wright

Mother's  
Birthplace

Md

Name of person giving  
In formation

Minnie Sewell

How related  
to deceased

sister-in-law

## CAUSES OF DEATH

Primary

Acute Indigestion

How long

two days

Immediate

Exhaustion

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes.

Signature of  
Physician

Address

G. J. F. Burwick

Accident or Suicide?

Morgan Neck.

Name  
in  
Full

Rodana Jordan

## CERTIFICATE OF DEATH

MARYLAND

Died at *Jerrie* <sup>Town</sup>*Kent.* <sup>County</sup>Date of death *1905* <sup>Month</sup> *Nov.**15* <sup>Day</sup>Age *70!* <sup>Years</sup>*-* <sup>Months</sup>*-* <sup>Days</sup>Sex *Female*Color or Race *Black*Birth-place *Delaware*Occupation *Housework*

Where Residing if not at place of death

Married, Single or Widowed *Married*Name of Wife or Husband *John Jordan*Father's Name *David Morris*Father's Birthplace *Del.*Mother's Maiden Name *Betsy Morris*Mother's Birthplace *Del.*Name of person giving information *John Jordan*How related to deceased *Husband*

## CAUSES OF DEATH

Primary *Pneumonia*How long *3 days*Immediate *Kidney trouble*

How long

Are the name, age, sex, color, date and place correctly given above?

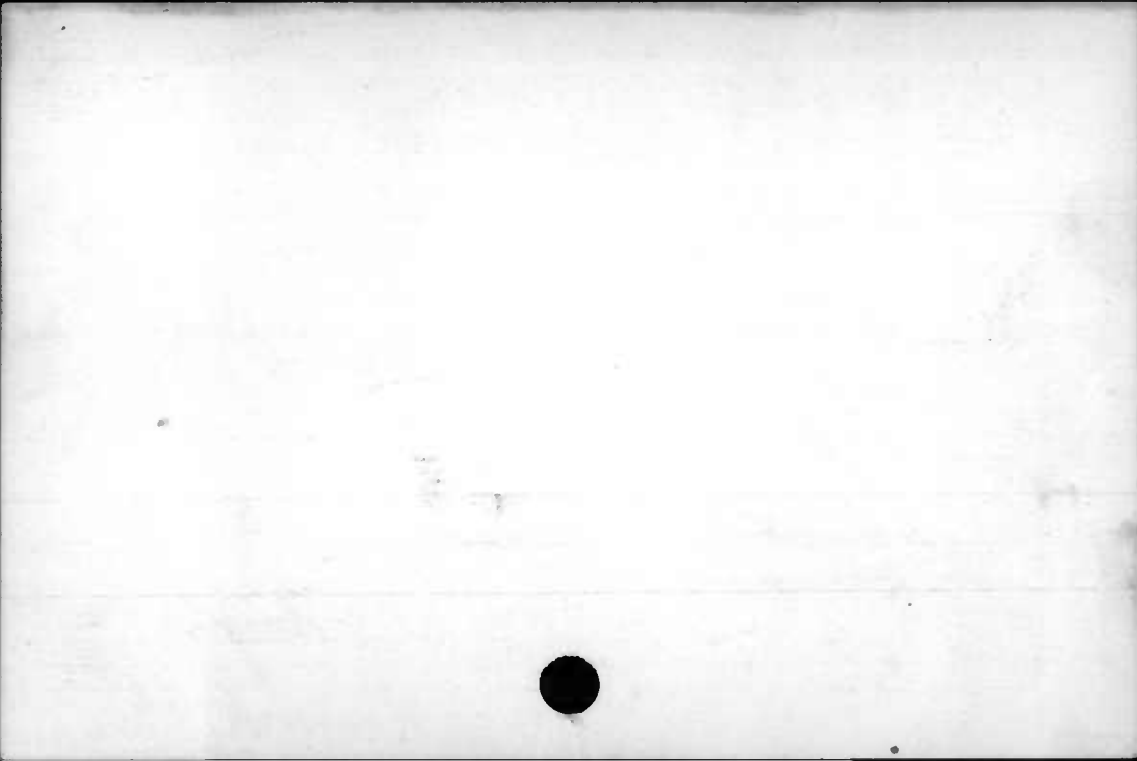
*Yes*

Signature of Physician

*Frank W. Smith*

Address

*Jerrie*Accident or Suicide? *Accident**MS*TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

Weldon George Susco

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> Rock Hall

County Kent

Date of death 1905 Nov

Day 28

Age Years

Months 15

Days

Sex Male

Color or Race Black

Birth-place Kent co Md

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name Joseph Susco

Father's Birthplace Wm

Mother's Maiden Name Mary A Wivelbridge

Mother's Birthplace Wm

Name of person giving information Joseph Susco

How related to deceased Father

## CAUSES OF DEATH

Primary Whooping cough 4 How long 6 weeks

Immediate Exhaustion How long

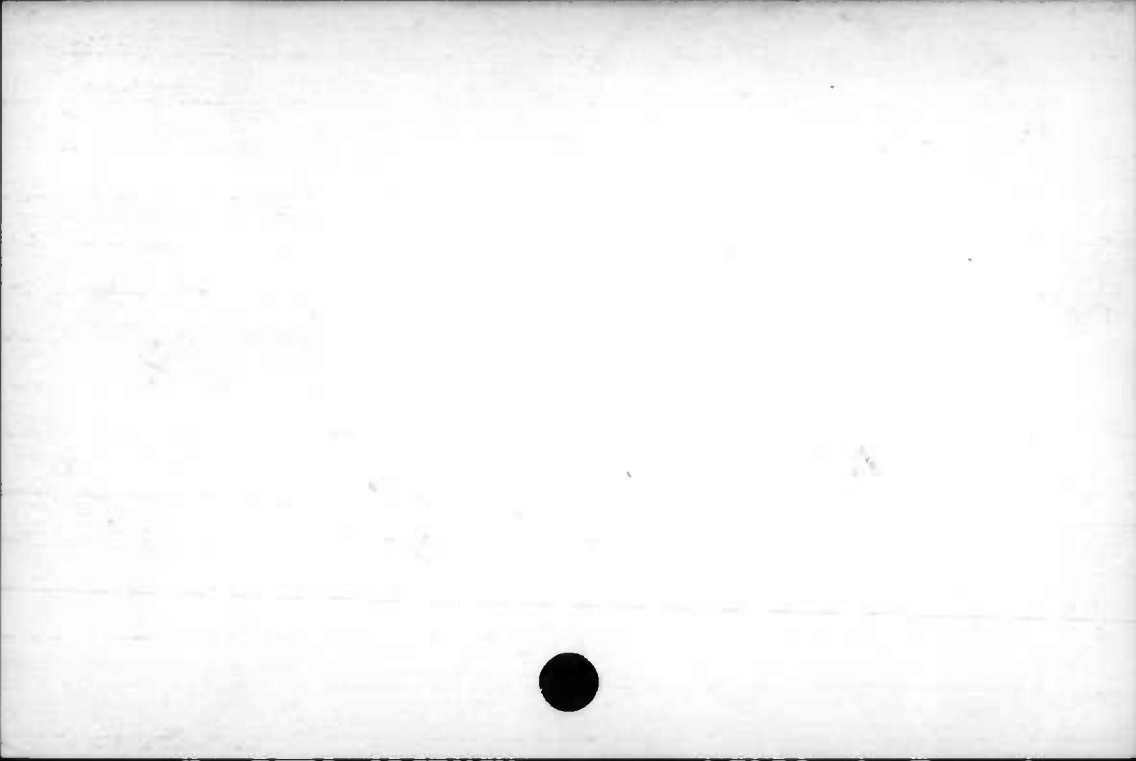
Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Dr. B. B. Ball M.D.

Address Rock Hall Md

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

Paul Louis Thornley

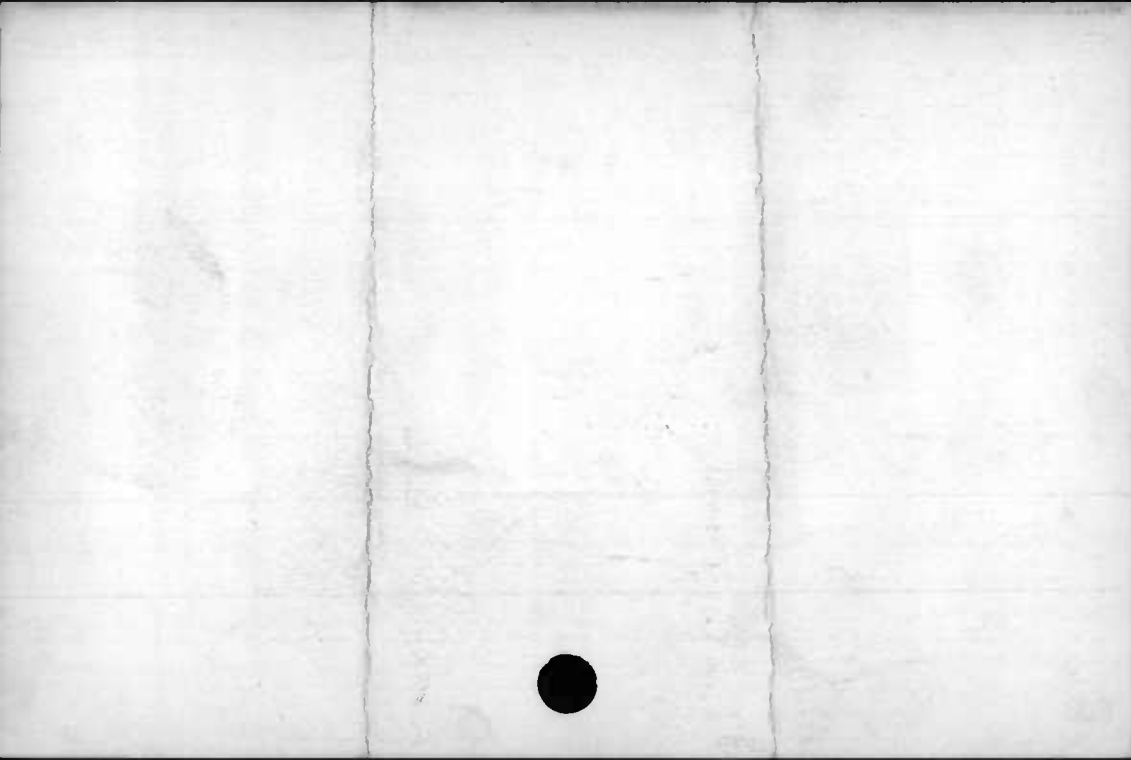
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Sassafras</u> <small>Town</small>		<u>Kent</u> <small>County</small>		MARYLAND	
Date of death <u>1905</u>	<u>Nov</u> <small>Month</small>	<u>10</u> <small>Day</small>	<u>0</u> <small>Years</small>	<u>3</u> <small>Months</small>	<u>0</u> <small>Days</small>
Sex <u>male</u>	Color or Race <u>White American</u>		Birth-place <u>Sassafras Md</u>		
Occupation <u>~~~~~</u>			Where Residing if not at place of death <u>Sassafras Md</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband			
Father's Name <u>J. R. Thornley</u>			Father's Birthplace <u>Sassafras Md</u>		
Mother's Maiden Name <u>Ida B. McIntire</u>			Mother's Birthplace <u>Galena Md</u>		
Name of person giving information <u>J. R. Thornley</u>			How related to deceased <u>Father</u>		

## CAUSES OF DEATH

Primary <u>Hereditary</u>	How long <u>Since Birth</u>
Immediate <u>Marasmus</u>	How long <u>3 months</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. J. Knight</u>
	Address <u>Harwood Md</u>
Accident or Suicide? <u>no</u>	



Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

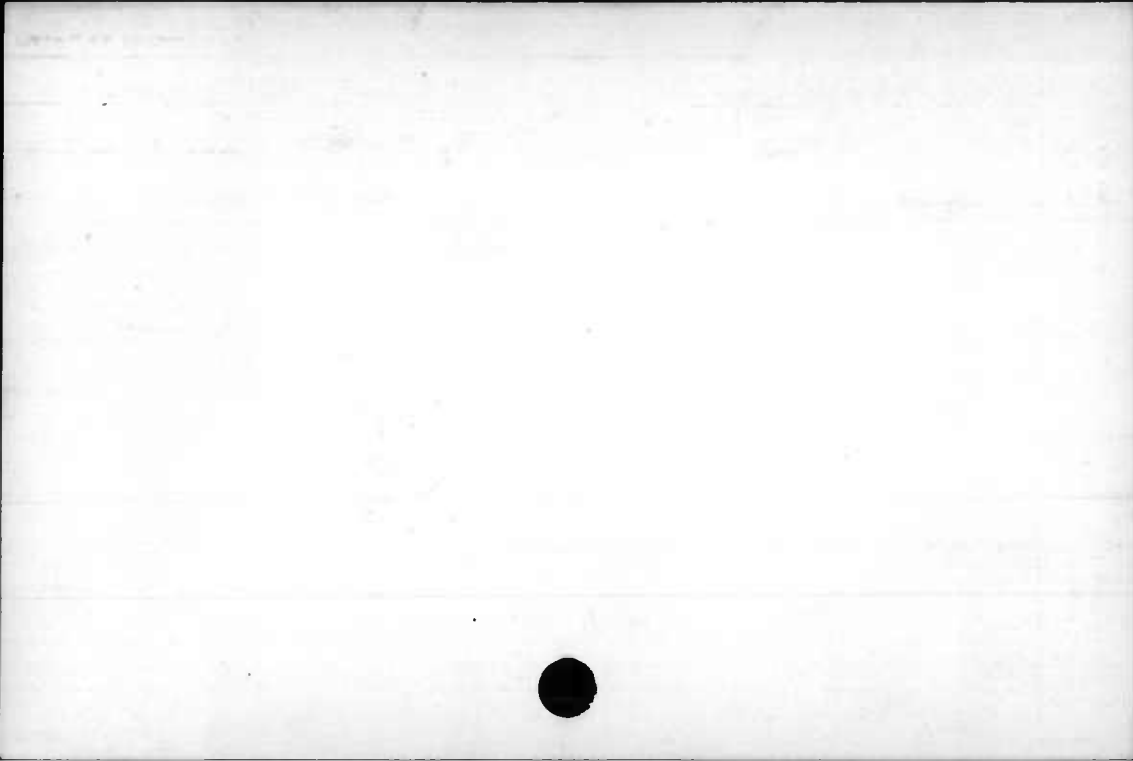
Samuel Todd.

## CERTIFICATE OF DEATH

Died at		Town Salina		County Kent		MARYLAND	
Date of death		Month Nov.	Day 13	Age	Years <del>74</del> 74	Months 9	Days 10
Sex		Male		Color or Race White		Birth-place Delaware	
Occupation Farmer				Where Residing if not at place of death			
Married, Single or Widowed		Married		Name of Wife or <del>husband</del> Sarah A. Ireland			
Father's Name		William Todd				Father's Birthplace Ireland	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving information		S. Harry Todd				How related to deceased Son	

## CAUSES OF DEATH

Primary	Organic Heart disease	How long	3 or 4 years
Immediate	Edema of Lungs	How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Edward A. Scott.	
Address		Salina, Ind.	
Accident or Suicide?		No	



Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

William Alexander Ward

## CERTIFICATE OF DEATH

Died at *Edesville* TownCounty *Kent*

MARYLAND

Date of death *1905 Nov* MonthDay *13* Age *18* Years

Months

Days

Sex *male*Color or Race *Black*Birth-place *Maryland*Occupation *Laborer*Where Residing if not  
at place of death*Edesville Kent Co Md.*Married, Single  
or Widowed *Single*Name of Wife or  
HusbandFather's Name *Louis Henry Ward*Father's Birthplace *Maryland*Mother's Maiden Name *Lucy Precilla Brason*Mother's Birthplace *Maryland*Name of person giving  
information *Father*How related  
to deceased *Father*

## CAUSES OF DEATH

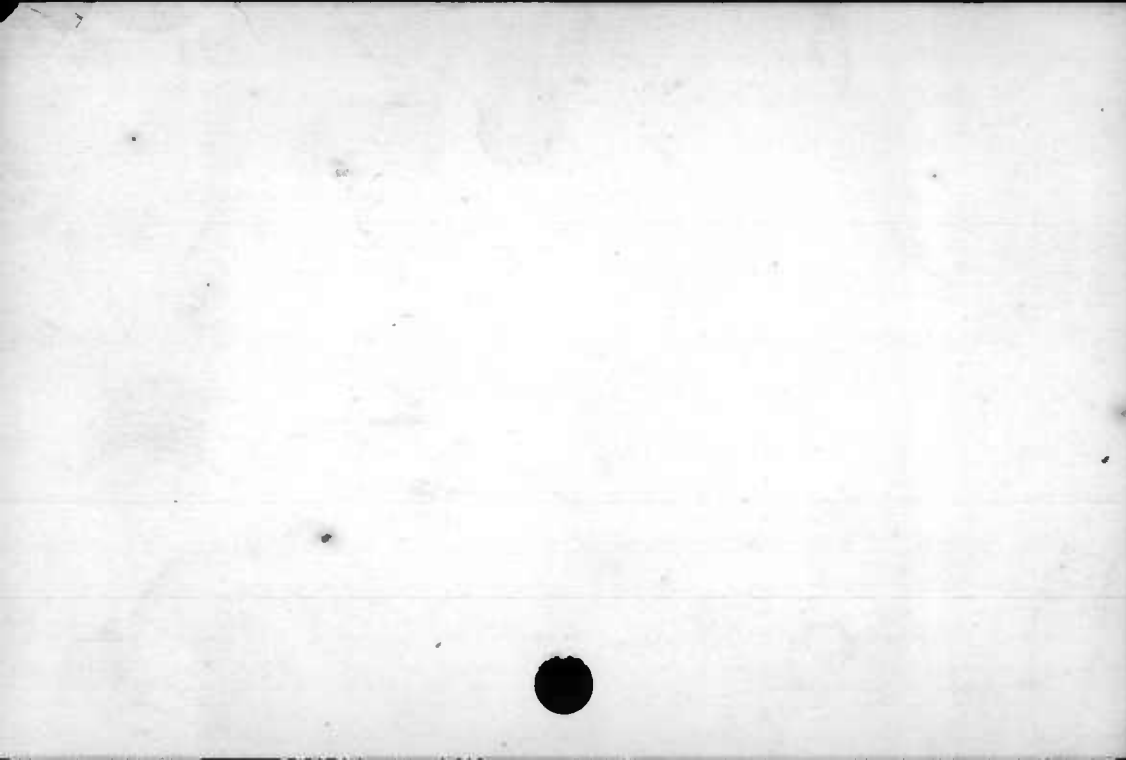
Primary *Consumption of Lungs*How long *Some months*

Immediate

Are the name, age, sex, color, date  
and place correctly given above? *yes*Signature of Physician *Shos R. Willson*Address *Edesville*

Accident or Suicide?

*Kent Co. Md.*





Name  
in  
Full

Emma Williams

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Near <sup>Town</sup> Chestertown		County		Kent		MARYLAND	
Date of death		1905		Month		Nov		Day	
Age		24		Years		—		Months	
Sex		Female		Color or Race		Colored		Birth-place	
Occupation		Housewife		Where Residing if not at place of death		Near Chestertown		—	
Married, Single or Widowed		Married		Name of Wife or Husband		Washington Williams		—	
Father's Name		Jacob Houston		Father's Birthplace		Kent Co Md		—	
Mother's Maiden Name		Maryiah Brown		Mother's Birthplace		Kent Co "		—	
Name of person giving information		Washington Williams		How related to deceased		Husband		—	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Peritonitis following child-birth; no Physician	How long	2 weeks
Immediate	Peritonitis - Septic	How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		H. B. Simmons	
Address		Chestertown	
Accident or Suicide?		no	

Quaker Pick  
Ferguson

Name  
in  
Full

Mary Wilson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Millington</i> <sup>Town</sup>		<i>Kear</i> <sup>County</sup>		MARYLAND			
Date of death	<i>1905</i>	Month <i>Nov</i>	Day <i>22</i>	Age	Years	Months	Days
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place				
Occupation <i>Servant</i>	Where Residing if not at place of death <i>Millington</i>						
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband						
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Acute pericarditis</i>	How long <i>3 months</i>
Immediate <i>Exhaustion</i>	How long <i>-</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. P. Townman M.D.</i>
	Address <i>Millington Md.</i>
Accident or Suicide?	

